



**California Regional Water Quality Control Board  
San Diego Region**



Linda S. Adams  
Acting Secretary for  
Environmental Protection

Over 50 Years Serving San Diego, Orange, and Riverside Counties  
Recipient of the 2004 Environmental Award for Outstanding Achievement from U.S. EPA

Edmund G. Brown Jr.  
Governor

9174 Sky Park Court, Suite 100, San Diego, California 92123-4353  
(858) 467-2952 • Fax (858) 571-6972  
<http://www.waterboards.ca.gov/sandiego>

February 14, 2011

**Certified Mail-Return Receipt Requested**  
Article No.: 7010 1060 0000 4952 7341

Mr. Mario Campos  
MAC Cabinetry & Remodel  
2464 South Santa Fe Avenue, Suite C  
Vista, CA 92084

**In Reply Refer To:**  
TFelix: 411427

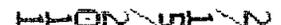
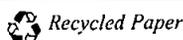
Dear Mr. Campos:

**SUBJECT: MANDATORY REQUIREMENT TO ENROLL UNDER THE STATEWIDE INDUSTRIAL STORM WATER GENERAL PERMIT, ORDER NO. 97-03-DWQ, MAC CABINETRY & REMODEL**

Pursuant to California Water Code (CWC) Section 13399.30, you are hereby notified that MAC Cabinetry & Remodel is required to take action as provided below no later than March 7, 2011 to submit a Notice of Intent (NOI) to obtain coverage for continued and future storm water discharges under Order No. 97-03-DWQ, National Pollutant Discharge Elimination System (NPDES) General Permit No. CAS000001, *Waste Discharge Requirements (WDRs) for Discharges of Storm Water Associated with Industrial Activities, Excluding Construction Activities*. Order No. 97-03-DWQ (industrial Storm Water General Permit) was issued by the State Water Resources Control Board on April 17, 1997 and is enforced locally by the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board). You were recently inspected by the County of San Diego as part of their Municipal Permit requirements and their findings indicate that coverage is required under the Industrial Storm Water General Permit for your facility located at 2464 South Santa Fe Avenue in Vista. On January 27, 2011 you contacted the San Diego Water Board to begin the enrollment process.

The Industrial Storm Water General Permit is an NPDES permit which regulates discharges associated with ten broad categories of industrial activities, including Furniture & Fixtures where exposure of materials and processes to stormwater is noted. This permit requires the implementation of best management practices (BMPs) to reduce or prevent pollutants associated with industrial activities in storm water discharges. The BMPs must be adequate to achieve compliance with the performance standards of best available technology economically achievable (BAT) and best conventional pollutant control technology (BCT). The Industrial Storm Water General Permit also requires the development and implementation of a Storm Water Pollution Prevention Plan (SWPPP) which includes a water quality monitoring plan. Through the SWPPP, sources of pollutants are to be identified and the means to manage the

*California Environmental Protection Agency*



sources to reduce storm water pollution are to be described. The Industrial Storm Water General Permit requires that an annual monitoring report be submitted each year on July 1<sup>st</sup> to the San Diego Waster Board. You can access the Industrial Storm Water General Permit or obtain additional information, at the State Water Resources Control Board's website at:

[http://www.waterboards.ca.gov/water\\_issues/programs/stormwater/industrial.shtml](http://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.shtml)

To apply for coverage under the permit, you must prepare and submit an NOI form completed in accordance with the instructions to the State Water Resources Control Board. The NOI form and instructions can be found in Attachment 3 to the Industrial Storm Water General Permit which is contained within the permit document itself at pages 70-76. In order for the State Water Resources Control Board to expeditiously process your NOI, the following items must be submitted to either of the addresses indicated below:

1. NOI (please keep a copy for your files) with all applicable sections completed and original signature of the facility operator;
2. Check made out to the "State Water Resources Control Board" with the appropriate fee. The total annual fee is \$1008.00.
3. Site map of the facility (see NOI instructions). **DO NOT SEND BLUEPRINTS.**

**U.S. Postal Service Address**

State Water Resources Control Board  
Division of Water Quality  
Attn: Stormwater Section  
P.O. Box 1977  
Sacramento, CA 95812-1977

**Overnight Mailing Address**

State Water Resources Control Board  
Division of Water Quality  
Attn: Storm Water, 15<sup>th</sup> Floor  
1001 I Street  
Sacramento, CA 95814

**Failure to seek coverage could result in a mandatory minimum penalty of not less than \$5,000 per year of non-compliance or fraction thereof pursuant to CWC Sections 13399.30 and 13399.33.**

Mr. Mario Campos  
MAC Cabinetry & Remodel, Suite C

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February 14, 2011

In the subject line of any response, please include the requested "In Reply Refer To:" information located in the heading of this letter. For questions pertaining to the subject matter, please contact Ms. Laurie Walsh at (858) 467-2970 or [LWalsh@waterboards.ca.gov](mailto:LWalsh@waterboards.ca.gov).

Respectfully,



DAVID T. BARKER, P.E.  
Supervising Water Resources Control Engineer  
Surface Water Basins Branch

DTB:cc:aaf

Cc via e-mail: Nancy Barber, [nancy.barber@sdcounty.ca.gov](mailto:nancy.barber@sdcounty.ca.gov), County of San Diego

**SMARTS-2 Entries**

Application ID	411427
Non-filer ID No.	9 37IN600653

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Mario Campos  
 MAC Cabinetry & Remodel  
 2464 South Santa Fe Ave, Ste C  
 Vista, CA 92084

2. Article Number

(Transfer from service label)

7010 1060 0000 4952 7341

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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Sent To

Mr. Mario Campos  
 Street, Apt. No.,  
 or PO Box No. 2464 South Santa Fe Ave. Ste C  
 City, State, ZIP+4 Vista, CA 92084

PS Form 3800, August 2006

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
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